## Foster Family Home - Corrective Action Report

Provider ID:

1-517477

Home Name:

Corazon Sales, LPN

Review ID:

1-517477-9

94-1097 Lumlaina Street

Reviewer;

Julie Hastings

Waipahu

HI 96797

Begin Date:

1/17/2020

**Foster Family Home** 

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 2/17/2020.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(g)

The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)

No basics skills check signed off by RN for CG#2, CG#3, or CG#4 for Client #1

**Foster Family Home** 

**Client Care and Services** 

[11-800-43]

43.(c)(3)

Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)

No Signed RN delegation for CG#2, CG#3, or CG#4 for Client #1

No Signed RN delegation for CG#2, CG#3, or CG#4 for Client #3

## Foster Family Home - Corrective Action Report

Foster Family	nome	Physical Environment	[11-800-49]
49.(a)(1)	Bathroo	ms with non-slip surfaces in the tubs and	d or showers, and toilets adjacent or easily accessible to sleeping
49.(c)(3)		· · · · · · · · · · · · · · · · · · ·	entilated, adequately lighted, and safe manner.
Comment:			Tital acoquatory iighted, and sale manner.
49.(a)(1) No non-slip pad but PCG was ui	l in Shower nable to pro	r. PCG stated to this RN that she had oduce it.	and was drying it outside, This RN followed PCG outside,
		f Urine throughout. It is most noticeal stove. There are multiple animals or	ble in garage, Client #2 bedroom and is strongest in "sparenthe property.
Foster Family i	lome	Quality Assurance	[11-800-50]
50.(e) Comment: 50.(e)			
		with no intercom or doorbell system. must be able to access home at all ti	This prevents access in case of emergency or investigatio
Foster Family F	iome	Insurance Requirements	[11-800-51]
51.(a)(1)	General;		
Comment:	~ ~ * = , =		* * * * * * * * * * * * * * * * * * * *
1.(a)(1) CG#4 not listed	on current l	Liability form	
oster Family H		Client Rights	[11-800-53]
3.(b)(9)	Be treated privacy in	with understanding, respect, and full control treatment and in care of the client's personal treatment.	nsideration of the client's dignity and individuality, including onal needs;
omment:			

Compliance Manager

Primary Care Giver

Date

Date

## Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Corazon Sales

CCFFH Address: 94-1097 Lumiaina Street Waipahu, HI 96797

ned basic skills CG#2, CG#3, & lient #1.	1/18/20	CG will always make sure Basic Skills cheks are
	i	signed by RN.
Signed RN delegation for caregiver to follow a service plan for CG#2, CG#3, and CG#4 for clients #1 & #2 has been done.		CG will always have have signed RN delegation for all caregivers when following the service plan for all clients
ats provided to ower floors to s.	•	Always make sure non-slip mats are in place to floors in tub, shower, & bathroom.
vays cleaned and veryday. e opened more ntilation.		Caregivers are more cognisant of clients need to be cleansed immediately after soiling. Cleaning the whole house is done more frequently.
	ntilation.	ntilation.

Primary Caregiver's Signature: Longon for Soley

Print Name: CORATION YU SACES

Date of Signature: Oa. -06 - 2020

## Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Corazon Sales

CCFFH Address: 94-1097 Lumiaina Street Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50.(e)	Caregiver is actively looking for a reasonable and functional doorbell system - will try to have one installed soon to replace the broken one New Doorbell how one New Doorbell how	2/6/20	Will always make sure to have a working doorbell system in the future.
51.(a)(1)	CG#4 is now lectured on current Liability Form.	1/18/20	Will always check all CG be listed on Liability Form.
	Bedrooms to Client #1 and Client #3 were provided with locks.	1/18/20	All doors have locks at all times.

الرويج Print Name: كروية